

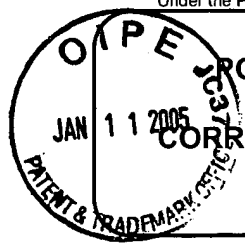
1653  
JFW

PTO/SB/81 (11-04)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office ; U.S. DEPARTMENT OF COMMERCE

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and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

|                        |                       |
|------------------------|-----------------------|
| Application Number     | 091768, 141           |
| Filing Date            | 11/24/01              |
| First Named Inventor   | Styler, Terry         |
| Title                  | Kolla 2 - Dissociated |
| Art Unit               | 1653                  |
| Examiner Name          | Monderi, Robert       |
| Attorney Docket Number | 2266 300 001          |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

| Name            | Registration Number |
|-----------------|---------------------|
| Terry L. Miller | 29,568              |
|                 |                     |
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|                 |                     |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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|---|-------------------------------|-------|--------------|-----|-------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Law Office of Terry L. Miller |       |              |     |       |
| Address   | 24832 Via San Fernando        |       |              |     |       |
| City  | Mission Viejo                 | State | California   | Zip | 92692 |
| Country   | US                            |       |              |     |       |
| Telephone   | 949-951-8456                  | Fax   | 949-951-8456 |     |       |

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

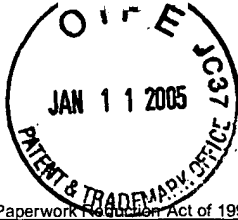
|                   |                                  |           |          |
|-------------------|----------------------------------|-----------|----------|
| Signature         | <i>A. Alkayali</i>               | Date      | 1-5-2005 |
| Name              | Ahmad Alkayali                   | Telephone |          |
| Title and Company | CEO, Collagen II Nutrition, Inc. |           |          |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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PTO/SB/82 (09-04)

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**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

|                        |                |
|------------------------|----------------|
| Application Number     | 09/768,141     |
| Filing Date            | 1/24/01        |
| First Named Inventor   | Stylas, Terry  |
| Art Unit               | 11653          |
| Examiner Name          | Mendes, Robert |
| Attorney Docket Number | 2266 300 001   |

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☐ Please change the correspondence address for the above-identified application to:

☐ The address associated with  
Customer Number:

OR

|  |                        |       |              |           |
|--|------------------------|-------|--------------|-----------|
| <input checked="" type="checkbox"/> Firm or<br>Individual Name | Terry L. Miller        |       |              |           |
| Address  | 24832 Via San Fernando |       |              |           |
| City   | Mission Viejo          | State | California   | Zip 92692 |
| Country  | US                     |       |              |           |
| Telephone  | 949-951-8456           | Fax   | 949-951-8456 |           |

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

|           |                |           |  |
|-----------|----------------|-----------|--|
| Signature |                |           |  |
| Name      | Ahmad Alkayali |           |  |
| Date      | 1-5-2005       | Telephone |  |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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